

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | Application Number 10766310 | Filing Date | |
|---|----------|--------|-----------------------|--------|------------------------|--------------------------------|-------------|--------|
| | | | | | | Applicant(s) | | |
| * May be used for additional claims or amendments | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | Indep | Depend |
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| Total Indep | 2 | | | | | | | |
| Total Depend | 4 | ← | ← | ← | | | | |
| Total Claims | 6 | | | | | | | |